

16301 OLD STATESVILLE RD

00911126

1/4/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4196B DATE: 7/28/00

TC: 009-111-26 ☒ L ☐ CRT

SERIAL Nº 18345

Name of Owner Christ Community Church Juris.: _____

Address of Property 16301 Old Statesville Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 3 @ 100'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source >100'

Excavation Inspected 7/28/00

Tank(s) Inspected 7/28/00

Wash Line Inspected —

High Water Alarm Inspected —

Well Installation Permit

PLOT

Design 2000, 1500ST, 900 SFT, Con, 12"G, CTR# Mayhew

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: System designed for 2 Modular units w/ 90 students
3 lines x 100' x 3' x 12" stone
Type II Conventional System

Jerry P. Mickle
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

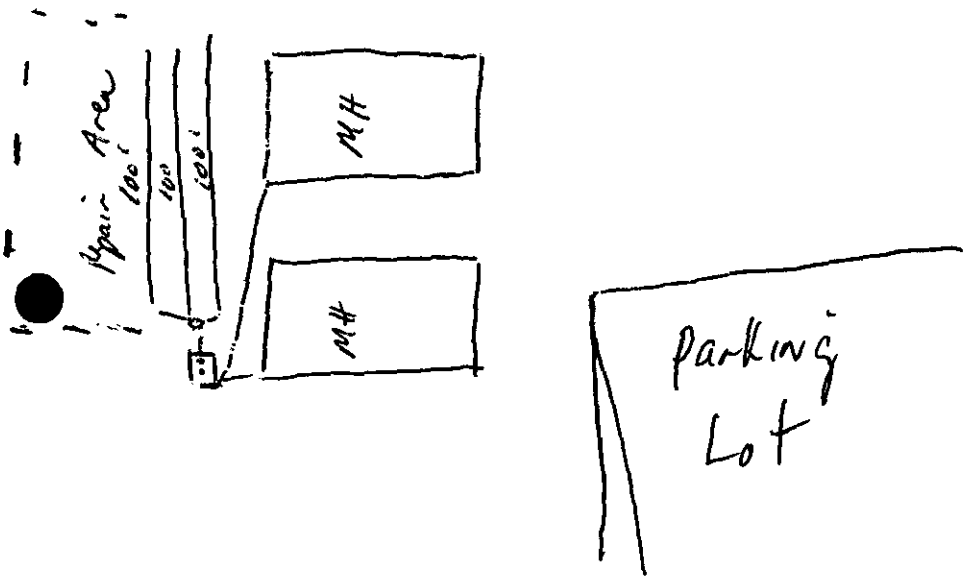
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4196B DATE: 7/24/00

TC: 009 111 26 ☒ L

SERIAL No 18474

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 2/11/00. All work shall be completed on or before 8/24/00, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous yes

Total Line Length 300' feet

Number of Lines 3 (100')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Christ Community Church

LOCATION OF PROPERTY 16301 Old Statesville Rd

Comments: 1500 ST, 3 lines x 100' long x 3' wd x 12" stone

Phillip A. Walker R.S.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

ACS

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3/8/2000 PERMIT NO: 4196B
PARCEL NO: 009 111 26

JOB LOCATION ADDRESS: 16301 Old Statesville Rd
PROPERTY OWNER: Christ Community Church
BUILDING CONTRACTOR: —
SUBDIVISION NAME: —
AUTHORIZATION ISSUED BY: Philip A Walker RS DATE: 3/8/2000
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4196B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Approval Granted for 2 modular unit 90 Student ~~pay~~ church

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Renee Scott 7/28/2000
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4196B

Tax Number: 009 111 26

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	270 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
NO Serviced by private well	1500 Gallon septic tank	300' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
NA Bedrooms in residence	NA Gallon pump tank	12" Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: 90 student Church y Kitchen on municipal sewer, municipal water Type IIa Repair Area				
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
270' Absorption Area (Sq ft) 900' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Philo S. Walker RS 3/8/2000
DEHNR Authorized Agent Date

x Renee Scott 7/28/2000
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

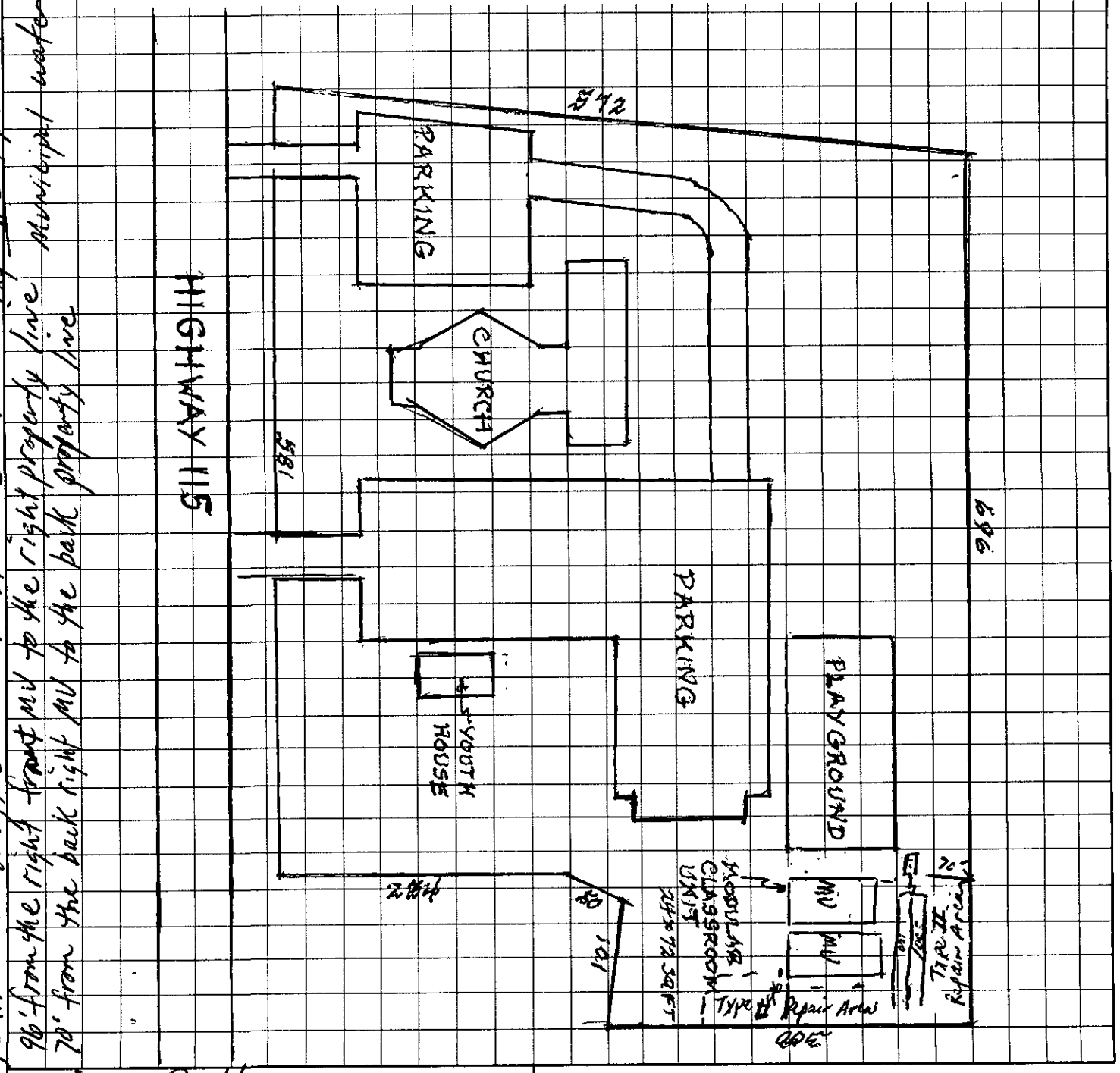
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4196P

TC: 009-111-26

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



COMMENTS: 90-student church, No food service facility-1 Kitchen on municipal sewer
1500 ST, 3 LINES x 100' LONG x 3' WID x 12" Stone. 300 TLF Type II Repair Area

William J. Hornsby, Pastor
OWNER/AGENT SIGNATURE

DATE 2-11-00

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

AS #1

Sheet: _____

Property ID: 009-111-26

Lot #: _____

File #: 41969

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Christ Community Church APPLICANT: _____

ADDRESS: 16301 Old Statesville Road, Huntersville DATE EVALUATED: 2-26-00

PROPOSED FACILITY: Day School PROPOSED DESIGN FLOW (.1949) 900gpd PROPERTY SIZE: .87

LOCATION OF SITE: 16301 old Statesville Road PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☑Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 2-8% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-9"	gr/scl	Fr/SEXPlSS/SP	>48" TO soil wetness	48"+	N/A	None	PS .391 f2 IV
		9-48"	SBK/scl	Fi/SEXPlSP					
2	LS	0-6"	gr/scl	Fr/SEXPlSS/SP	>48" TO soil wetness	48"+	N/A	None	PS .391 f2 IV
		6-38"	SBK/SC	Fi/SEXPlSP					
		38-48"	SBK/C	Fi/SEXPlSP					
3	LS	0-5"	gr/scl	Fr/SEXPlSS/SP	>48" TO soil wetness	48"+	N/A	None	PS .391 f2 IV
		5-48"	SBK/SC	Fi/SEXPlSP					
4	LS	0-6"	gr/scl	Fr/SEXPlSS/SP	>48" TO soil wetness	48"+	N/A	None	PS .391 f2 IV
		6-48"	SBK/SC	Fi/SEXPlSP					
5	LS	0-6"	gr/scl	Fr/SEXPlSS/SP	>48" TO soil wetness	48"+	N/A	None	PS .391 f2 IV
		6-48"	SBK/C	Fi/SEXPlSP					
6	LS	0-5"	gr/scl	Fr/SEXPlSS/SP	>48" TO soil wetness	48"+	N/A	None	PS .391 f2 IV
		5-46"	SBK/SC	Fi/SEXPlSP					
7	LS	0-4"	gr/scl	Fr/SEXPlSS/SP	>48" TO soil wetness	48"+	N/A	None	PS .391 f2 IV
		4-48"	SBK/C	Fi/SEXPlSP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Provisionally Suitable

EVALUATED BY: W. R. Marlin LSS 2-26-00

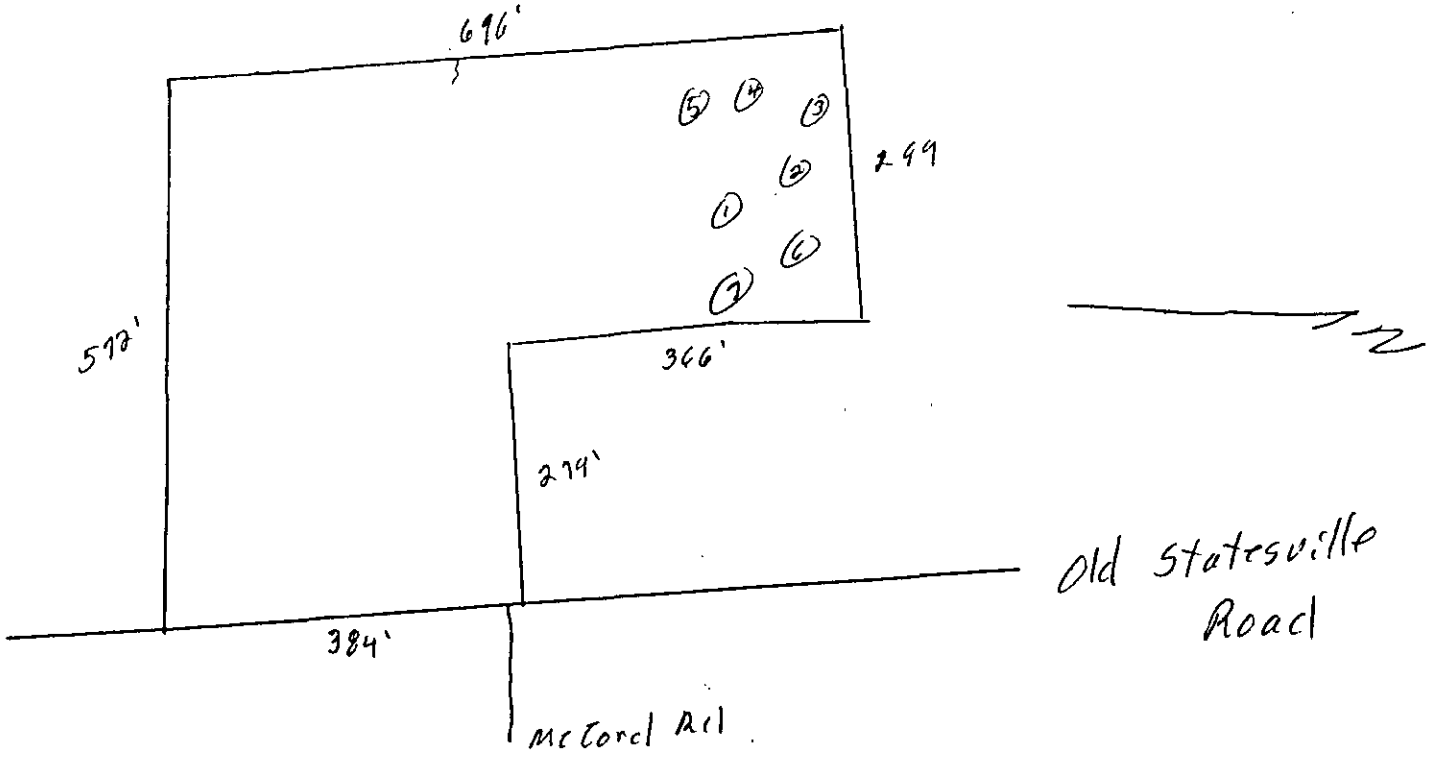
OTHER(S) PRESENT: Allen McConnell

FILE #

MENTS 10% Repair - 40 occupants of
Shoulder structures as per Gillian McConnel
2 Modular Units instead of one

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: ~~3.00~~ 100.00 Chk #9283 2/16/00 | 300.00 3-10-00 Chk 9214 GPR

DATE: 2-14-00 GPR

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

Chk #9260

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 4196B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 009-111-26

STREET ADDRESS: 16301 OLD STATESVILLE RD.

✓ COMMERICAL ___ INDUSTRIAL

LOT NUMBER:

DESCRIBE TYPE OF BUSINESS: CHURCH CLASSROOMS

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG ___ 4 PINEVILLE
___ 1 CHARLOTTE ___ 5 MATTHEWS
___ 2 DAVIDSON ✓ 6 HUNTERSVILLE
___ 3 CORNELIUS ___ 7 MINT HILL

Square Footage of Facility: 1728 SQ. FT.

NUMBER OF EMPLOYEES: 3 PER SHIFT: 90 Students

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
✓ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:

✓ SEWAGE ___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) M✓ MUNICIPAL (M) ___ PRIVATE WELL (P) ___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTE WATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER: CHRIST COMMUNITY CHURCH

NAME: CHRIST COMMUNITY CHURCH (LAST) (FIRST) (MI)

ADDRESS: 16301 OLD STATESVILLE RD.

CITY: HUNTERSVILLE STATE: NC ZIP: 28078

DAYTIME PHONE: (704 875-8374

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Homesley, William J. Rev. (LAST) (FIRST) (MI)

DAYTIME PHONE: (704 875-8374 -560-0565 (Mobile)

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

THE UNDERSIGNED, OWNER, OR LEGAL AGENT FOR THE OWNER, OF THE PROPERTY DESCRIBED ABOVE AS THE "JOB LOCATION" HAS READ THE FOREGOING APPLICATION, ACKNOWLEDGES THAT THE CONTENTS OF SAME ARE TRUE, AND AUTHORIZES AGENTS OF THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST.

SIGNED: Rev. Wm J Homesley Senior Pastor DATE: 2-11-00